
Individuals Authorized Access to CMS Computer Services (IACS) Provider User Guide for Security Officials

Software Release 4.2.2

Document Version 1.0

April 2007

Document No.: 1986
Contract No.: 500-02-0036
Task Order No.: 0003

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1.0 Introduction

1.1 Purpose

This document establishes the procedures for registering and provisioning approvers who are defined as Security Officials, using the Individuals Authorized Access to CMS Computer Services (IACS) application within the Centers for Medicare & Medicaid Services (CMS). Registration procedures for User/Approvers and User/Providers are described in additional role-specific documents.

1.2 Roles and Responsibilities

The following entities have responsibilities related to the implementation of this user guide:

User – The term ‘user’ is used throughout this document to refer to all IACS users regardless of their role including end-users, approvers or EPOCs, and personnel filling other roles particular to a specific application.

End-User – An end-user is a person who requires access to a CMS application to perform assigned work tasks. End-users include employees within various CMS organizations as well as their authorized subcontractor end-users. A user may only be put into a user role; a user may not be put into an approver role.

Approver - An approver is an external point of contact (EPOC), or a call center supervisor. Approvers are responsible for approving end-user access requests to CMS applications. Because approvers are the sole points of contact for authorizing their end-users, it is strongly recommended that this approver be in a position of authority within an organization, e.g., management official, compliance officer, etc.

1.3 How to Use this document

When an action is required on the part of the reader, it is indicated by a line beginning with the word “Action:” For example:

Action: Click on ***OK***.

The field or button to be acted upon is indicated in ***bold italics*** in the **Action** statement.

2.0 Registration for CMS Application Access

The following sub-sections provide step-by-step instructions on how to apply for access to CMS applications using the New User Registration procedures.

2.1 Accessing IACS for Self-Registration

The following steps and screens show you how to access the web link that allows you to self register in IACS.

Action: Browse to <https://applications.cms.hhs.gov> (See Figure 1).

Action: Read the contents of the government computer system “WARNING/REMINDER” screen, and then agree by clicking **Enter CMS Applications Portal**.



Figure 1: Government Computer System Warning/Reminder Screen

Action: If you do not want to proceed any further, you can click on **Leave** to exit.

The “CMS Application Portal Introduction” screen will open as shown in Figure 2.

Action: Click on **Account Management** in the blue menu bar towards the top of the screen.

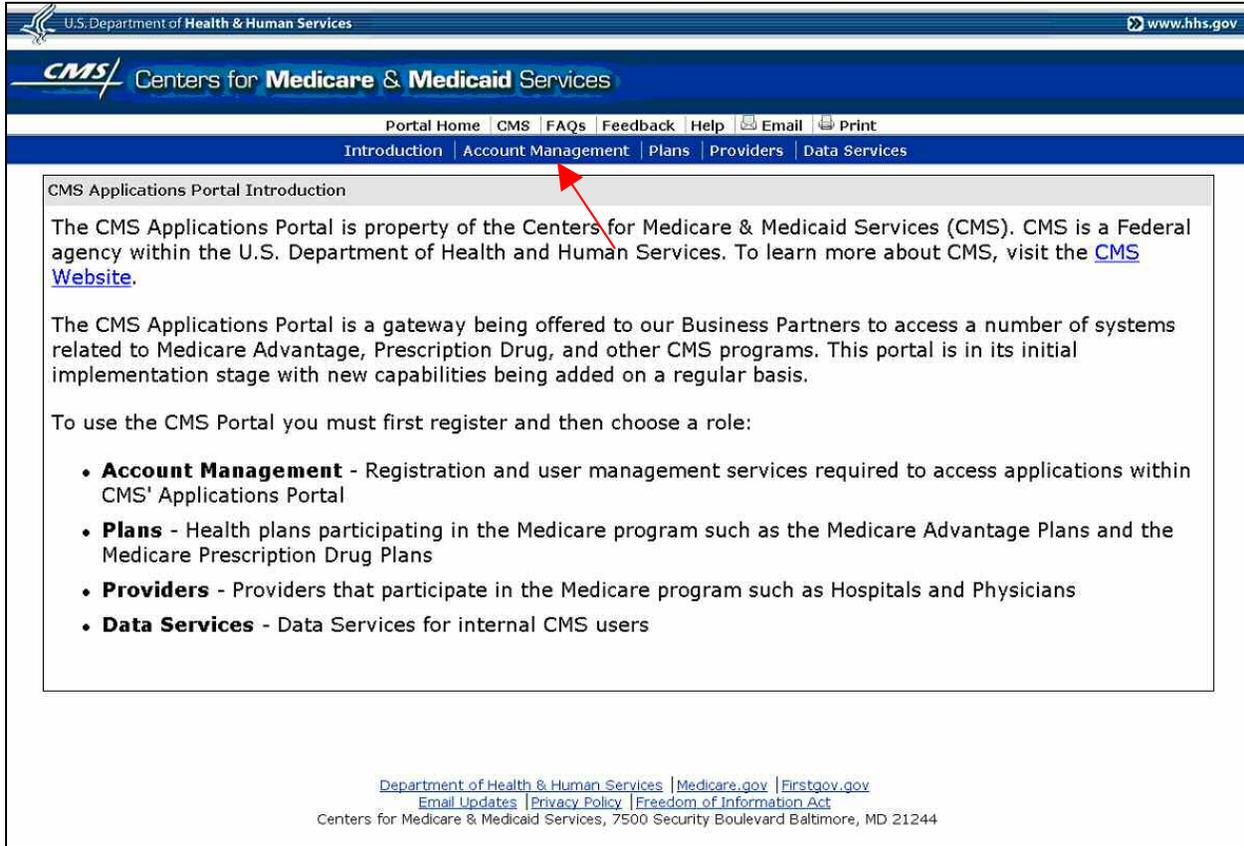


Figure 2: CMS Application Portal Introduction Screen

The screen will change to the screen shown in Figure 3.

Action: Click on *New User Registration* in the “Account Management” screen.

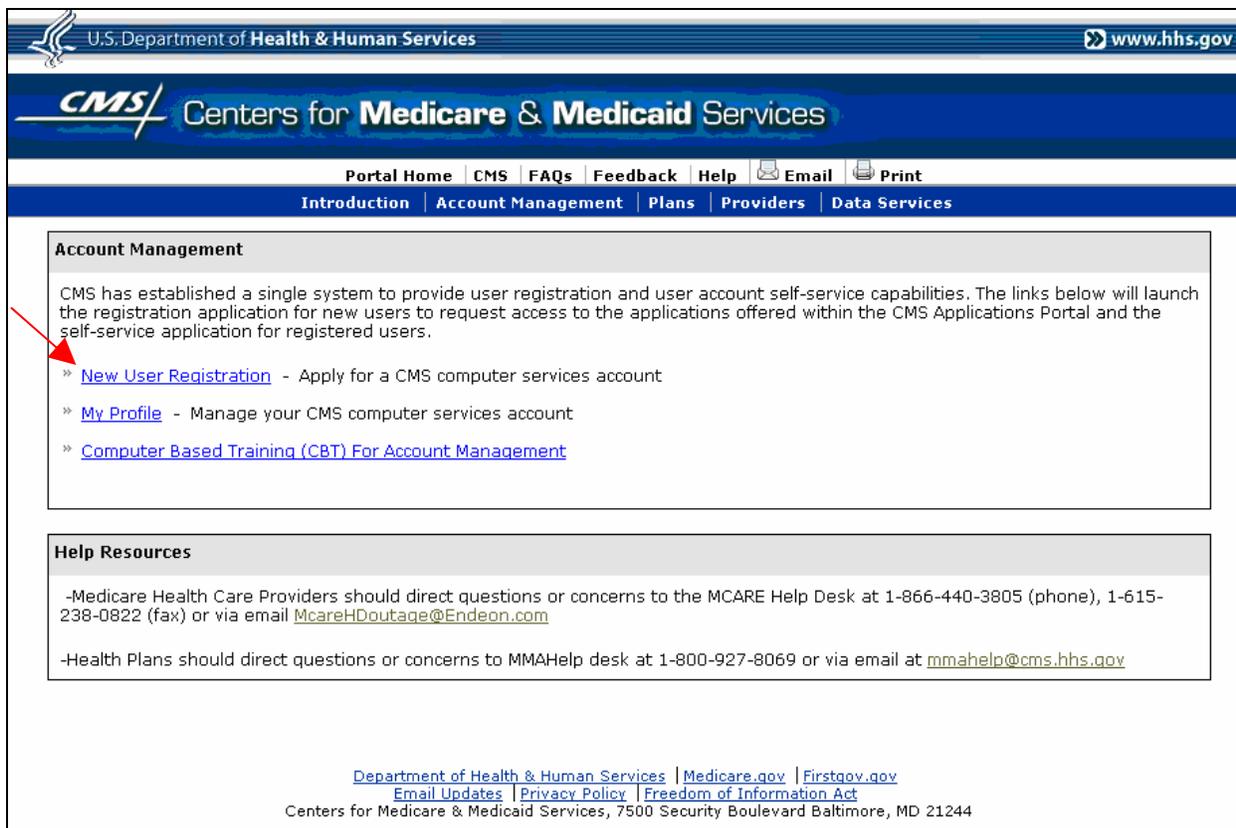


Figure 3: Account Management Screen

The “New User Registration” screen will open as shown in Figure 4.

2.2 User Information

The top part of the “New User Registration” screen is labeled **User Information**. In this portion of the screen, you will enter information needed by the system to identify you and to allow the system to communicate with you through email. This portion of the “New User Registration” screen contains common fields that must be filled in by all requesters regardless of the type of access you are requesting.

Fields that are mandatory are designated by an asterisk (*) to the right of the field.

Action: Fill in fields in the **User Information** section.

The screenshot shows the 'New User Registration' screen. At the top, there is a header for the U.S. Department of Health & Human Services and CMS (Centers for Medicare & Medicaid Services). Below the header, it says 'Individuals Authorized Access to the CMS Computer Services (IACS)'. The main title is 'New User Registration'. A message states: 'CMS is authorized to authenticate your personal information using your legal name and Social Security Number.' The 'User Information' section contains the following fields:

- First Name: *
- Mi:
- Last Name: *
- Social Security Number: * (Valid SSN Format is XXX-XX-XXXX)
- E-mail: *
- Confirm E-mail: *
- Office Telephone: * (Valid Phone Number Format is XXX-XXX-XXXX)
- Ext:
- Company Name: *
- Company Telephone: *
- Ext:
- Address 1: *
- Address 2:
- City: *
- State: *
- Zip Code: * -

Figure 4: User Information Portion of Application Screen

Notes:

- The Social Security Number (SSN) must be unique.
- Enter your email address twice for verification. Please do not cut and paste from one field to the other.

Action: Continue on to the **Required Access** portion of the “New User Registration” screen.

2.3 Provider (270/271) Specific Registration Fields

Action: In the **Required Access** section, choose **Provider (270/271)** for **User Type**.
(See Figure 5.)

The screenshot shows the 'Access Request' screen. At the top, there are four radio button options for 'User Type': MA/MA-PD/PDP/CC, CBO/CSR, COB, and Provider (270/271). The 'Provider (270/271)' option is selected, and a red arrow points to it. Below this is a 'Justification for Access' text area with a vertical scrollbar and an asterisk indicating it is a required field. At the bottom left are 'Next' and 'Cancel' buttons. At the bottom right, it says 'Effective date: 5/06'. In the bottom left corner, it says 'OMB: 0938-0989'.

Figure 5: Required Access Portion of Application Screen

The screen will refresh and display Provider (270/271) related fields as shown in Figure 6.

The screenshot shows the 'Access Request' screen after selecting 'Provider (270/271)'. The 'User Type' dropdown now shows 'Provider (270/271)' with a radio button icon. Below it are two new required fields: 'Role' (a dropdown menu) and 'RACF ID' (a text input field). The 'Justification for Access' text area remains. At the bottom left are 'Next' and 'Cancel' buttons. At the bottom right, it says 'Effective date: 5/08'. In the bottom left corner, it says 'OMB: 0938-0989'.

Figure 6: Provider (270/271) Related Fields

Action: In the **Role** field, select the Security Official role.

The possible roles include:

- **Security Official** – The official of a provider's office or organization who registers with IACS as that organization's Security Official. This person also registers the facility or organization with IACS using an online version of the Electronic Data Interchange (EDI) form. There can be two Security Officials at a facility or organization – a primary and a backup.
- **User/Approver** – Users in this role approve end user requests for access to the 270/271 UI Application. This role is also known as an External Point of Contact (EPOC). Refer to the *IACS Provider User Guide for User/Approvers* for instructions on registering User/Approvers.
- **User/Provider** – The end-user of the Provider (270/271) application. Refer to the *IACS Provider User Guide for User/Providers* for instructions on registering User/Providers.
- **MEIC Help Desk** – This role is only for the CMS Medicare Eligibility Integration Contractor (MEIC) Help Desk. Providers will never select this role.

The Role selection options are in a drop down list and appear as shown in Figure 7.

The screenshot shows the 'Access Request' form with the following fields and options:

- User Type:** MA/MA-PD/PDP/CC, CBO/CSR, COB, Provider (270/271)
- Role:** A dropdown menu with an asterisk (*) indicating it is a required field. The dropdown is open, showing the following options: Security Official, User/Approver, User/Provider, and MEIC Helpdesk. A red arrow points to the dropdown, and a box labeled 'Select Role' is next to it.
- RACF ID:** A text field.
- Justification for Access:** A text area with an asterisk (*) indicating it is a required field.

At the bottom of the form, there are 'Next' and 'Cancel' buttons. A footer note states: '* indicates a required field'. The footer also contains 'OMB: 0938-0988' and 'Effective date 5/06'.

Figure 7: Provider (270/271) Role Field Drop Down List

2.3.1 Provider (270/271) – Security Official

When you select the user role of Security Official, **Security Official** will be entered in the **Role** field and additional Security Official fields will be displayed as shown in Figure 8.

Access Request

User Type: MA/MA-PD/PDF/CC CBO/CSR COB Provider (270/271)

Role: Security Official *

Billing Provider NPI: *

Provider Type: *

RACF ID: *

Justification for Access: *

* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date 5/06

Figure 8: Provider (270/271) Security Official Fields

Action: Enter the **Billing Provider NPI**

When you enter the Billing Provider NPI, the IACS service checks to determine if you are requesting to register as a Primary Security Official or a Backup Security Official. If you are a Primary Security Official, you will be required to enter data in all the EDI Registration Form fields. The procedures for this are presented in Section 2.3.1.1.

If you are a Backup Security Official, once you enter the Billing Provider NPI, the IACS service will automatically fill in all the EDI Registration Form fields as well as the Contractor Information fields. These fields will have been filled in by the Primary Security Official. This is presented in Section 2.3.1.2.

2.3.1.1 Provider (270/271) – Security Official – Primary

The Primary Security Official performs several tasks including such things as:

- Providing the proper Billing Provider NPI to new users who will be completing the IACS New User Registration form as a User/Approver (EPOC)
- Approving New User Registration requests for personnel requesting to be EPOCs
- Providing the proper Billing Provider NPI to new users who will be completing the IACS New User Registration form as a User/Provider in the event the organization does not have an EPOC
- Keeping the lists of Physicians, Physician NPIs, and Contractors associated with your provider up-to-date.

Action: Enter the desired Billing Provider NPI.

If you are registering as a Primary Security Official, when you enter the Billing Provider NPI, a message will appear as shown in Figure 9. The Billing Provider NPI you entered will be displayed in that field. Additional EDI Registration Form and Contractor Information fields will also be displayed.

Access Request

User Type: MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

Role: Security Official *

No existing Security Official found with Billing Provider NPI: 465555555. You may add your EDI Registration information below.

Billing Provider NPI: 465555555 * If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.

Provider Type: *

RACE ID:

EDI Registration Form

Legal Billing Name: *

Contact Name: *

E-mail: *

Telephone: * Ext: Valid Phone Number Format is XXX-XXX-XXXX

Fax: * Ext: Valid Fax Number Format is XXX-XXX-XXXX

Physician First Name: Physician Last Name:

Physician NPI: Submitter Number: Add Physician

Contractor Information

Contractor Name:

Billing Provider Number: Add Contractor

Justification for Access:

* indicates a required field

Next Cancel

Figure 9: Provider (270/271) Primary Security Official and EDI Registration Screen

Action: Select the *Provider Type*. To do this, click on the down arrow to the right of the **Provider Type** field. A drop down list will appear from which you can select the desired Provider Type. (See Figure 10.)

The screenshot shows the 'Access Request' form with the following sections and fields:

- User Type:** Radio buttons for MA/MA-PD/PDP/CC, CBO/CSR, COB, and Provider (270/271) (selected).
- Role:** Security Official *
- Message:** No existing Security Official found with Billing Provider NPI: 4655555555. You may add your EDI Registration information below.
- Billing Provider NPI:** 4655555555 * (with note: If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.)
- Provider Type:** A dropdown menu with a list of options: Ambulance Service Supplier, Ambulatory Surgical Center, Billing Service, Chiropractic, Clearinghouse, Clinical Laboratory, Community Mental Health Center, Critical Access Hospital, Diagnostic Test/Lab, and Federally Qualified Health Center. A red arrow points to the dropdown arrow on the right.
- EDI Registration:** Includes fields for RACF ID, Legal Billing Name, Contact Name, and E-mail.
- Telephone:** Field with asterisk and extension field. Note: Valid Phone Number Format is XXX-XXX-XXXX.
- Fax:** Field with asterisk and extension field. Note: Valid Fax Number Format is XXX-XXX-XXXX.
- Physician Information:** Fields for Physician First Name, Physician Last Name, Physician NPI, and Submitter Number. Includes an 'Add Physician' button.
- Contractor Information:** Fields for Contractor Name and Billing Provider Number. Includes an 'Add Contractor' button.
- Justification for Access:** A text area with a vertical scrollbar.
- Buttons:** 'Next' and 'Cancel' at the bottom left.
- Footnote:** * indicates a required field.

Figure 10: Provider (270/271) Security Official Provider Type Drop Down List

The screen will refresh and display the selected Provider Type as shown in Figure 11.

Action: Enter a **RACF ID**, if you have one. (This is not a required field.)

Access Request

MAMA-PD/PDP/CC CBO/CSR COB Provider (270/271)

User Type: *

Role: Security Official *

No existing Security Official found with Billing Provider NPI: 4655555555. You may add your EDI Registration information below.

Billing Provider NPI: 4655555555 * If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.

Provider Type: Internal Medicine and General or Family Practice Physician *

RACF ID:

EDI Registration Form

Legal Billing Name: *

Contact Name: *

E-mail: *

Telephone: * **Ext:** Valid Phone Number Format is XXX-XXX-XXXX

Fax: * **Ext:** Valid Fax Number Format is XXX-XXX-XXXX

Physician First Name: **Physician Last Name:**

Physician NPI: **Submitter Number:**

Contractor Information

Contractor Name:

Billing Provider Number:

Justification for Access: *

* indicates a required field

Figure 11: Provider (270/271) Security Official Provider Type Selection

Action: Fill in the **EDI Registration Form** fields as shown in the example in Figure 12.

Access Request

MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

User Type: *

Role: Security Official * *

No existing Security Official found with Billing Provider NPI: 4655555555. You may add your EDI Registration information below.

Billing Provider NPI: 4655555555 * If a Security Official with the same NPI already exists, you may not modify the EDI Registration details below.

Provider Type: Internal Medicine and General or Family Practice Physician * *

RACF ID:

EDI Registration Form

Legal Billing Name: qivgau jyvavd *

Contact Name: britay swkinj *

E-mail: djjedr@wivzxs.com *

Telephone: 499-497-4974 * Ext: Valid Phone Number Format is XXX-XXX-XXXX

Fax: 497-490-4901 * Ext: Valid Fax Number Format is XXX-XXX-XXXX

Physician First Name: Wxncei **Physician Last Name:** Schvoq

Physician NPI: 4923492349 **Submitter Number:** P918491849 Add Physician

Contractor Information

Contractor Name:

Billing Provider Number: Add Contractor

Justification for Access: *

* indicates a required field

Next Cancel

Figure 12: Provider (270/271) Security Official EDI Registration Form Fields

Action: Click on **Add Physician**

The screen will refresh and display Add/Remove fields that contain the Physician’s name, NPI, and Submitter Number as shown in the example in Figure 13.

Figure 13: Provider (270/271) Security Official Add/Removed Physician Fields

If you want to add another Physician, do the following:

1. Enter the **Physician’s First Name**
2. Enter the **Physician’s Last Name**
3. Enter the **Physician’s NPI Number**
4. Enter the **Submitter Number** (if applicable)
5. Click on **Add Physician**.

The screen will refresh and the physician will be added to the list in the **Physicians Added** box. In this box, the physician information will include the physician’s First Name, Last

Name, the Physician's NPI, and the Submitter Number. Repeat Steps 1 through 5 for each physician to be added.

If you want to remove a physician from the listing, do the following:

Action: In the **Physicians Added** field area, highlight the **Physician** to be removed.

Action: Click on the box with the arrow facing to the left (<)

The system will move the selected physician to the **Physicians Removed** area on the right. If you change your mind, you can move the Physician in the **Physicians Removed** area back to the **Physicians Added** area by highlighting the Physician and clicking on the box with the arrow facing to the right (>).

If you want to move all Physicians in the **Physicians Added** area to the **Physicians Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Physicians in the **Physicians Removed** area back to the **Physicians Added** area by clicking on the box with the double arrow facing to the right (>>).

Once you have finished adding/removing Physicians, continue the registration process by entering the Contractor information.

Action: Select the **Contractor Name**. To do this, click on the down arrow to the right of the **Contractor Name** field. A drop down list will appear as shown in Figure 14 from which you can select the desired Contractor.

The screenshot shows the 'Access Request' form with the following sections:

- User Type:** MA/MA-PD/PDP/CC, CBO/CSR, COB, **Provider (270/271)** (selected)
- Role:** Security Official *
- Billing Provider NPI:** 4855555555 * (Note: No existing Security Official found with Billing Provider NPI:4481923037. You may add your EDI Registration information below. If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.)
- Provider Type:** Internal Medicine and General or Family Practice Physician *
- RACF ID:** [Empty]
- EDI Registration Form:**
 - Legal Billing Name:** qjvgau jvgavd *
 - Contact Name:** brittay swkdnj *
 - E-mail:** djjsdr@wvzxs.com *
 - Telephone:** 499-497-4974 * Ext: [Empty] (Valid Phone Number Format is XXX-XXX-XXXX)
 - Fax:** 497-490-4901 * Ext: [Empty] (Valid Fax Number Format is XXX-XXX-XXXX)
 - Physician First Name:** [Empty] **Physician Last Name:** [Empty]
 - Physician NPI:** [Empty] **Submitter Number:** [Empty] **Add Physician**
 - Physicians Added:** [Empty] **Physicians Removed:** [Empty]
 - Physicians Added:** Wincei Schwoq; 4923492349; P918491849
- Contractor Information:**
 - Contractor Name:** [Dropdown]
 - Billing Provider Number:** 00010-CAHABA GBA Part A-Alabama, 00011-CAHABA GBA Part A-Iowa/South Dakota, 00020-Arkansas BC, 00021-Arkansas BC - RI, 00030-Arizona BC, 00090-FCSO-Florida A, 00101-Georgia Part A, 00130-AdminaStar Federal Part A (includes KY IL IN OH), 00131-AdminaStar Federal Part A Illinois, 00150-BCBS of Kansas Part A
 - Justification for Access:** [Empty]

* indicates a required field

Figure 14: Provider (270/271) Security Official Contractor Name Drop Down List

Note: The Contractor information that is needed is the Contractor Workload Identifier. This identifies the contractor to whom you submit your claims for processing. All such contractors should be identified. For example, if you send Part A claims to Noridian, choose drop down "00320-Noridian A". If you also send Part A claims to 00340-Chisholm Adm Services-OK A , you would select that Contractor and enter a Billing Provider Number for that Contractor as well.

Action: Enter the **Billing Provider Number**. (See Figure 15.)

Note: The Billing Provider Number can be from two (2) to ten (10) alphanumeric characters. This number should be your organization’s legacy Medicare Provider ID number. (The Medicare Provider number your organization used prior to obtaining an NPI number.)

Access Request

User Type: MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

Role: Security Official *

No existing Security Official found with Billing Provider NPI:4481923037. You may add your EDI Registration information below.

Billing Provider NPI: 4655555555 * If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type: Internal Medicine and General or Family Practice Physician *

RACF ID:

EDI Registration Form

Legal Billing Name: qjvgau jnyavd *

Contact Name: britay swkinj *

E-mail: djjsdr@wvzts.com *

Telephone: 499-497-4974 * Ext: Valid Phone Number Format is XXX-XXX-XXXX

Fax: 497-490-4901 * Ext: Valid Fax Number Format is XXX-XXX-XXXX

Physician First Name: Physician Last Name:

Physician NPI: Submitter Number: Add Physician

Physicians Removed: Physicians Added: Wincei Schvoq; 4923492349; P918491849

Contractor Information

Contractor Name: 00320-Noridian A

Billing Provider Number: 4657893250 Add Contractor At least one Contractor must be added.

Justification for Access:

* indicates a required field

Figure 15: Provider (270/271) Security Official Billing Provider Number

Action: Click on **Add Contractor**.

Note: At least one Contractor Name and Billing Provider Number must be entered in this form.

The screen will refresh and display Add/Remove fields that contain the Contractor Name and Billing Provider Number as shown in the example in Figure 16.

Figure 16: Provider (270/271) Security Official Add/Removed Contractor Fields

If you want to add another Contractor, do the following:

1. Select the **Contractor's Name** from the drop down list
2. Enter the **Billing Provider Number**
3. Click on **Add Contractor**.

The screen will refresh and the contractor will be added to the list in the **Contractors Added** box. Repeat Steps 1 through 3 for each contractor to be added.

If you want to remove a contractor from the listing, do the following:

Action: In the **Contractors Added** field area, highlight the **Contractor** to be removed.

Action: Click on the box with the arrow facing to the left (<)

The system will move the selected contractor to the **Contractors Removed** area on the right. If you change your mind, you can move the Contractor in the **Contractors Removed** area back to the **Contractors Added** area by highlighting the Contractor and clicking on the box with the arrow facing to the right (>).

If you want to move all Contractors in the **Contractors Added** area to the **Contractors Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Contractors in the **Contractors Removed** area back to the **Contractors Added** area by clicking on the box with the double arrow facing to the right (>>).

Once you have finished adding/removing Contractors, continue the registration process.

Action: Enter a brief statement for the **Justification for Access**. This justification field must include a valid reason for access such as: "Needed for work".

Action: Click on **Next** when you are done filling in all the required fields on the New User screen. (See Figure 17.)

The screenshot displays the 'EDI Registration Form' with the following sections and fields:

- Legal Billing Name:** qjvgau jeyavd *
- Contact Name:** brittay swkinj *
- E-mail:** djjsdr@wlvzts.com *
- Telephone:** 499-497-4974 * Ext: [] Valid Phone Number Format is XXX-XXX-XXXX
- Fax:** 497-490-4901 * Ext: [] Valid Fax Number Format is XXX-XXX-XXXX
- Physician First Name:** [] **Physician Last Name:** []
- Physician NPI:** [] **Submitter Number:** [] **Add Physician**
- Physicians Added:** [] **Physicians Removed:** [] (Navigation arrows: >, <, >>, <<)
- Contractor Information:**
 - Contractor Name:** []
 - Billing Provider Number:** [] **Add Contractor** At least one Contractor must be added.
 - Contractors Added:** [] **Contractors Removed:** [] (Navigation arrows: >, <, >>, <<)
- Justification for Access:** Needed for work. * (Red arrow points to this field)
- Buttons:** **Next** (Red arrow points to this button), **Cancel**
- Footnote:** * indicates a required field
- Page Info:** OMB: 0938-0989 Effective date: 5/06

Figure 17: Provider (270/271) Justification Field for Security Official

When you click on **Next**, the system will validate the data you have entered in each of the fields on the New User Registration screen. If there is any invalid data or there are any

mandatory fields not filled in, the system will redisplay the New User Registration screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display a Review Registration Details Screen in which you can review the information you entered in the New User Registration screen.

2.3.1.2 Provider (270/271) – Security Official – Backup

The role of Backup Security Official is to serve as an additional approver for EPOC access requests as well as perform Security Official tasks when the Primary Security Official is not available such as when he/she is on vacation. Those tasks are listed at the beginning of **Section 2.3.1.1 Provider (270/271) – Security Official – Primary**.

If you are required to assume the role of Primary Security Official, you must call the MEIC Help Desk and request that they change your status from Backup to Primary (The MEIC Help Desk phone number is 1-866-440-3805. They can be contacted at *MCARE@cms.hhs.gov*.) The MEIC Help Desk should also change the status of the Primary Security Official such that the former Primary Security Official can no longer perform the functions of that role. At any given time there should only be one Primary Security Official for your provider organization.

When the former Primary Security Official is ready to reassume the duties of that role, you must call the MEIC Help Desk and request that they change statuses again.

To register as a Backup Security Official, select the user role of Security Official. **Security Official** will be entered in the **Role** field and additional Security Official fields will be displayed as shown in Figure 18.

Figure 18: Provider (270/271) Security Official Fields

Action: Enter the desired **Billing Provider NPI**.

If you are registering as a Backup Security Official, when you enter the Billing Provider NPI, a message will appear as shown in Figure 19. The IACS service will automatically fill in all the EDI Registration Form fields as well as the Contractor Information fields. These fields will have been filled in by the Primary Security Official. You are not allowed to change any of this information.

Access Request

User Type: MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

Role: Security Official *

A Primary Security Official with Billing Provider NPI: 4655465546 already exists. The EDI Registration information is populated below and cannot be modified.

Billing Provider NPI: 4655465546 * If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type: *

RACF ID: *

EDI Registration Form

Legal Billing Name: qjvgau jyyavd *

Contact Name: britay swkinj *

E-mail: djjedr@wlvzss.com *

Telephone: 499-497-4974 * Ext: *

Fax: 497-490-4901 * Ext: *

Physicians Added: wxncei schvoq; 4923: 4918

Contractors Added: 00320 - Noridian A: 4858

Justification for Access: *

* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date: 5/06

Figure 19: Provider (270/271) Backup Security Official Screen With Filled In EDI Registration Form Data

Action: Select the *Provider Type*. To do this, click on the down arrow to the right of the **Provider Type** field. A drop down list will appear from which you can select the desired Provider Type. (See Figure 20.)

The screenshot shows the 'Access Request' form with the following fields and values:

- User Type:** MA/MA-PD/PDP/CC, CBO/CSR, COB, Provider (270/271)
- Role:** Security Official *
- Billing Provider NPI:** 4855465546 * (Note: A Primary Security Official with Billing Provider NPI: 4655465546 already exists. The EDI Registration information is populated below and cannot be modified. If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.)
- Provider Type:** (Dropdown menu open showing options: Ambulance Service Supplier, Ambulatory Surgical Center, Billing Service, Chiropractic, Clearinghouse, Clinical Laboratory, Community Mental Health Center, Critical Access Hospital, Diagnostic Test/Lab, Federally Qualified Health Center)
- EDI Registration:** RACF ID: *
- Legal Billing Name:** *
- Contact Name:** *
- E-mail:** *
- Telephone:** 499-497-4974 * Ext: *
- Fax:** 497-490-4901 * Ext: *
- Physicians Added:** wxncei schvoq; 4923: 4918
- Contractors Added:** 00320 - Noridian A: 4858
- Justification for Access:** *

A red callout box with blue text points to the down arrow of the 'Provider Type' dropdown menu, containing the text: "Click on Down Arrow for Drop Down List and Select Provider Type".

* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date 5/06

Figure 20: Provider (270/271) Backup Security Official Provider Type Drop Down List

The screen will refresh and display the selected Provider Type as shown in Figure 21.

Action: Enter a **RACF ID**, if you have one. (This is not a required field.)

Access Request

User Type: MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

Role: Security Official *

A Primary Security Official with Billing Provider NPI: 4655465546 already exists. The EDI Registration information is populated below and cannot be modified.

Billing Provider NPI: 4655465546 * If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type: Internal Medicine and General or Family Practice Physician *

RACF ID: ←

EDI Registration Form

Legal Billing Name: qjvgaug jyyavd *

Contact Name: britay swkinj *

E-mail: djjsdr@wvzcs.com *

Telephone: 499-497-4974 * Ext:

Fax: 497-490-4901 * Ext:

Physicians Added: wxneci schvoq; 4923; 4918

Contractors Added: 00320 - Noridian A; 4858

Justification for Access:

* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date 5/06

Figure 21: Provider (270/271) Backup Security Official Provider Type Selection

Action: Enter a brief statement for the **Justification for Access**. This justification field must include a valid reason for access such as: "Needed for work".

Action: Click on **Next** when you are done filling in all the required fields on the New User screen. (See Figure 22.)

Access Request

User Type: MA/MA-PD/PDP/CC CBO/CSR COB Provider (270/271)

Role: Security Official *

A Primary Security Official with Billing Provider NPI: 4655465546 already exists. The EDI Registration information is populated below and cannot be modified.

Billing Provider NPI: 4655465546 * If a Security Official with the same NPI already exists, the EDI Registration details may not be modified.

Provider Type: Internal Medicine and General or Family Practice Physician *

RACF ID:

EDI Registration Form

Legal Billing Name: qjvgaui jyyavd *

Contact Name: britay swkinj *

E-mail: djjsdr@wvzxs.com *

Telephone: 499-497-4974 * Ext:

Fax: 497-490-4901 * Ext:

Physicians Added: wncei schvoq; 4923; 4918

Contractors Added: 00320 - Noridian A; 4858

Justification for Access: *

* indicates a required field

Next Cancel

OMB: 0938-0989 Effective date: 5/06

Figure 22: Provider (270/271) Backup Security Official Justification

When you click on **Next**, the system will validate the data you have entered in each of the fields on the New User Registration screen. If there is any invalid data or there are any mandatory fields not filled in, the system will redisplay the New User Registration screen. The top part of the screen will be shown with error messages informing you of data that needs to be corrected or mandatory fields that still need to be filled in.

When the data in all fields are valid and all mandatory fields have been completed, the system will display a Review Registration Details Screen in which you can review the information you entered in the New User Registration screen.

2.4 Completion of Registration Process

When the data in all the “User Information” and “Required Access” fields are valid and all mandatory fields have been completed, the system will display a screen in which you can review the information you entered in the “New User Registration” screen. An example of this “Review Registration Details” screen is shown in Figure 23.

U.S. Department of Health & Human Services

CMS Centers for Medicare & Medicaid Services

Individuals Authorized Access to the CMS Computer Services (IACS)

Review Registration Details

The following is the information you entered on the New User Registration Form.
Please review the information below to verify correctness.

- To modify any of the information, click **Edit**.
- If the information is correct and you wish to proceed, click **Submit**.

First Name:	Test	MI:	A	Last Name:	Planner
Social Security Number:	324-00-8932				
E-mail:	abcd@abdd.com				
Office Telephone:	324-367-8932x3245				
Company Name:	CMS	Company Telephone:	324-367-8932x3243		
Address 1:	7133 Rutherford	Address 2:	#250		
City:	Woodlawn	State:	MD	Zip Code:	21244-1234
Role:	Representative				
Contract(s):	H1010				

OMB: 0938-0989 Effective date: 5/06

Figure 23: Example of Review Registration Details Screen

If there is registration information you want to modify, click the **Edit** button. The “New User Registration” screen will be redisplayed with all your information populated in the appropriate fields. You may modify the information that you determined was not correct and click on the **Next** button. You will again be presented with the “Review Registration Details” screen. When you are satisfied that your registration information is correct, click the **Submit** button. A “Terms and Conditions” screen will open as shown in Figure 24.

If you click on the **Cancel** button, the application request is cancelled and all the information you entered will be lost. A screen indicating this will be displayed. You must click **OK** to exit that screen. The system will then return you to the “CMS Applications Portal Introduction” screen.

Action: Read all of the **Privacy Act Statement** by scrolling down as needed through all of the screens.

Action: Check the “I Accept the above Terms and Conditions” box

Action: Click on **I Accept**

If you click on **I Accept** without checking the “I Accept the above Terms and Conditions” box, a message appears at the top of the screen indicating you must check the box to proceed any further.

Note: If you select “I Decline” instead of “I Accept”, the application request is cancelled and a screen indicating this will be displayed. You must click **OK** to exit that screen. The system will then return you to the “CMS Applications Portal Introduction” screen.

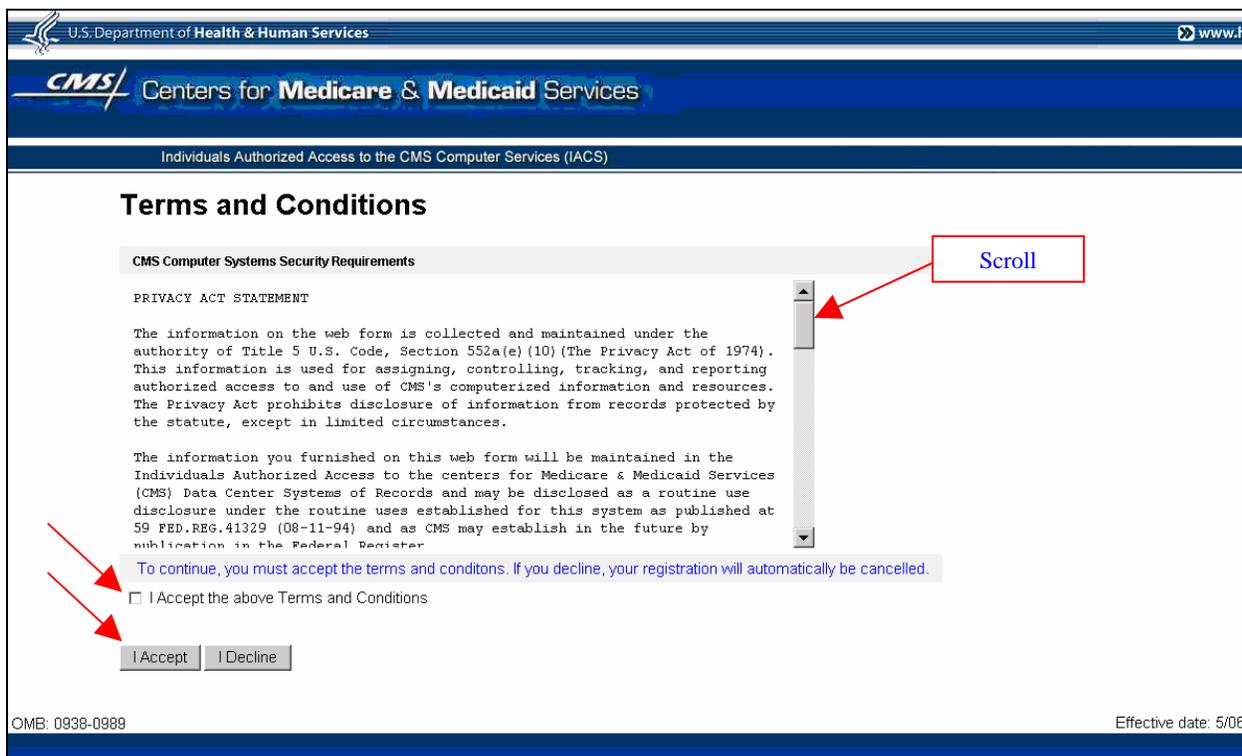


Figure 24: Privacy Act Statement Screen

When you check the “I Accept the above Terms and Conditions” box and click ***I Accept*** in the “Terms and Conditions” screen, the system will display a “Registration Acknowledgement” screen as shown in Figure 25.

The “Registration Acknowledgement” screen indicates your registration request has been successfully submitted and indicates the tracking number of your request. Use this tracking number if you have questions about the status of your request.

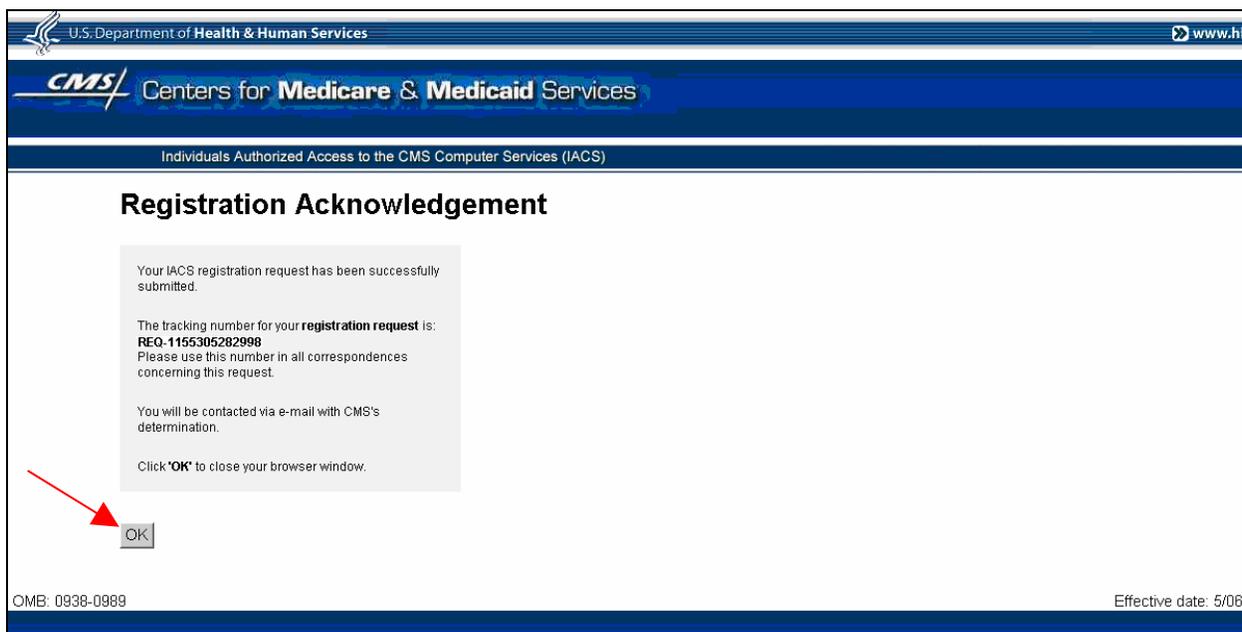


Figure 25: Registration Acknowledgement Screen

Action Click **OK**

Note: Submission of registration form and agreement of terms will constitute an electronic signature.

The “Registration Acknowledgement” screen will close and the system will take you back to the “Account Management” screen.

After Registration

You will be sent an email confirming that IACS has received your request and giving you a Request Number. You should use that request number if you contact CMS regarding your request. If this email notification is not received within 24 hours after you register, please contact the applicable Help Desk for your user community. (See **Section 4.2 Help Desk Information**.) Figure 26 presents an example of the email providing your Request Number.

Please use the following Request Number when contacting CMS regarding your request.

Request #: REQ-1234567890123.

Your request has been received by the Individuals Authorized Access to the CMS Computer Services (IACS).

Please do not reply to this system-generated email.

Figure 26: Example of Request Number Email

The MEIC Help Desk will be notified of your pending request via email. Once your request has been approved by the MEIC Help Desk and your account has been created, two separate email messages will be automatically sent to you. The first (**Subject:** FYI: User Creation Completed – Account ID Enclosed) will contain your Global User ID. The second (**Subject:** FYI: User Creation Completed – Password Enclosed) will contain the format of your initial password. You will be required to change your initial password the first time you login.

Action: Refer to the **Logging in for the First Time** document, and follow the steps for logging in and changing your password. You do not have to answer the authentication questions again unless you want to change your answers.

Note: If you are an Approver or Security Official and your access request has not been processed within 24 calendar days of your request submission, the request is automatically cancelled and you will receive an email notification to this effect. You will then have to go to the **New User Registration** screen, re-enter your information, and resubmit your access request.

Figure 27 presents an example of the email providing your User Identifier (UID).

Figure 28 presents an example of the email providing your temporary one-time password.

The tracking number of your request is REQ-1234567890123

To access the CMS internet applications, use the following User Identifier (UID): AAAAnnn

Thank you,

IACS

Please do not reply to this system-generated email.

Figure 27: Example of UID Email

Note: The User Identifier (UID) will be in the format “AAAAnnn”, where “AAAA” are alpha characters and “nnn” are numeric characters.

The tracking number for your request is REQ-1234567890123

Your temporary one time password is the first two letters of your last name (where the first letter is upper case and the 2nd letter is lower case) and the last 6 digits of your Social Security Number.

Please go to the link below to change your password.

Go to <https://applications.cms.hhs.gov>

Read the Privacy Statement and select Enter.
Select the “**Account Management**” link on the blue menu bar, and then the “**My Profile**” link.

Log into IACS using your UID and password to change your password.

Thank You,
IACS

Please do not reply to this system-generated email.

Figure 28: Example of a Password Email

If your request is denied, you will be sent an email informing you of this. The email will also provide the justification given for the denial. Figure 29 is an example of a denial email.

Contract Number: XXXXX

The request submitted to create system access to a system at the centers for Medicare and Medicaid Services (CMS) has been denied for the following reason:

Justification: <Text of Justification>

Thank You,
IACS

Please do not reply to this system-generated email.

Figure 29: Example of a Request Denial Email

If your request is cancelled after 12 or 24 days, you will be sent an email informing you of this. Figure 30 is an example of a cancellation email.

The request REQ-1163607621253 waiting for approval has expired. Please submit **a new** request.

Thank You,
IACS\

Please do not reply to this system-generated email

Figure 30: Example of a Request Cancellation Email

2.5 Provider (270/271) Approval Process

After the IACS registration process is completed, your registration request is submitted for approval. For the 270/271 Provider roles (User/Provider, User/Approver, Security Official, MEIC Help Desk) the actual approver depends on the role and the requester's organization.

The diagram shown in Figure 31 represents the approval process for large provider organizations in which there are sufficient personnel for the role of EPOC to be viable role. A CMS Authorizer approves the MEIC Help Desk requester. Once the MEIC Help Desk user is approved, he/she has the authority to approve users at all other levels. The MEIC Help Desk is the only approval authority of the Security Official. The Security Official approves EPOCs who in turn, approve End Users.

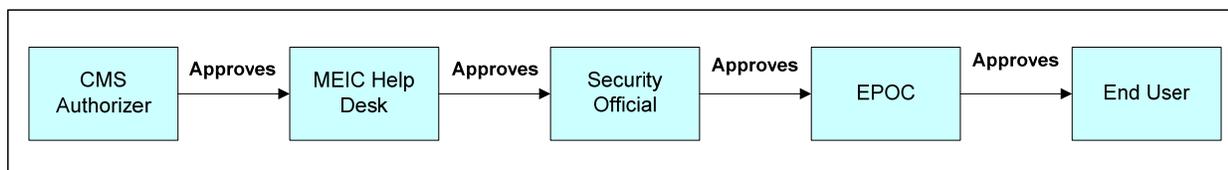


Figure 31: Provider (270-271) Typical Approval Process

In a small provider organization in which the EPOC role is not a viable role, a special approval process is followed. Even though a provider organization may consist of a provider and a small staff, there must still be a Security Official within the organization. The Security Official is approved by the MEIC Help Desk, however, the Security Official only has approval authority for EPOCs. They cannot approve end users. In this case, an end user request is also processed by the MEIC Help Desk. This Special Approval Process is illustrated in Figure 32.

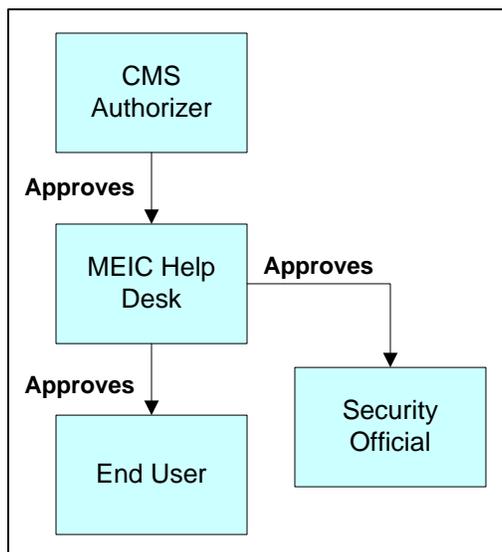


Figure 32: Provider (270-271) Special Approval Process

2.6 Modify Account Profile

Occasionally users may want to modify their existing CMS Provider (270/271) account profile. The only Provider (270/271) user who can directly modify his/her account profile is the Primary Security Official. All other Provider (270/271) users must contact the MEIC Help Desk to make changes to an account profile. (The MEIC Help Desk phone number is 1-866-440-3805. They can be contacted at *MCARE@cms.hhs.gov*.)

Modifying an account profile can involve adding physicians or contractors to the currently existing lists. Conversely, items may also be deleted from the listings if they are no longer valid. Additionally, other information in the EDI Registration Form such as a telephone number or contact information may also be changed.

This section presents the procedure for a Primary Security Official to make changes to his/her IACS account profile.

The following steps and screens show you how to access your profile account in IACS to make the desired modifications.

Action: Browse to <https://applications.cms.hhs.gov> (See Figure 33).

Action: Read the content of the government computer system WARNING/REMINDER screen, and then agree by clicking **Enter**.

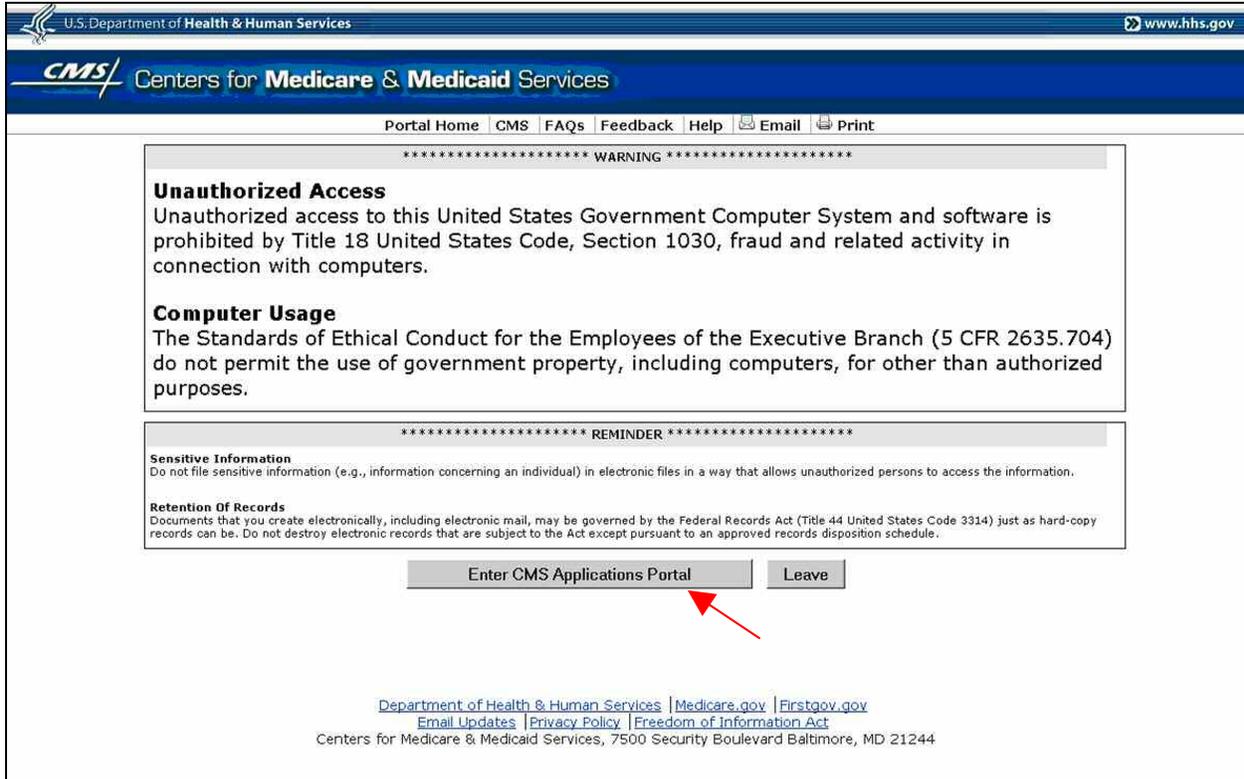


Figure 33: Government Computer System Warning/Reminder Screen

If you do not want to proceed any further, you can click on **Leave** to exit.

The “CMS Application Portal Introduction” screen will open as shown in Figure 34.

Action: Click on **Account Management** in the blue menu bar.

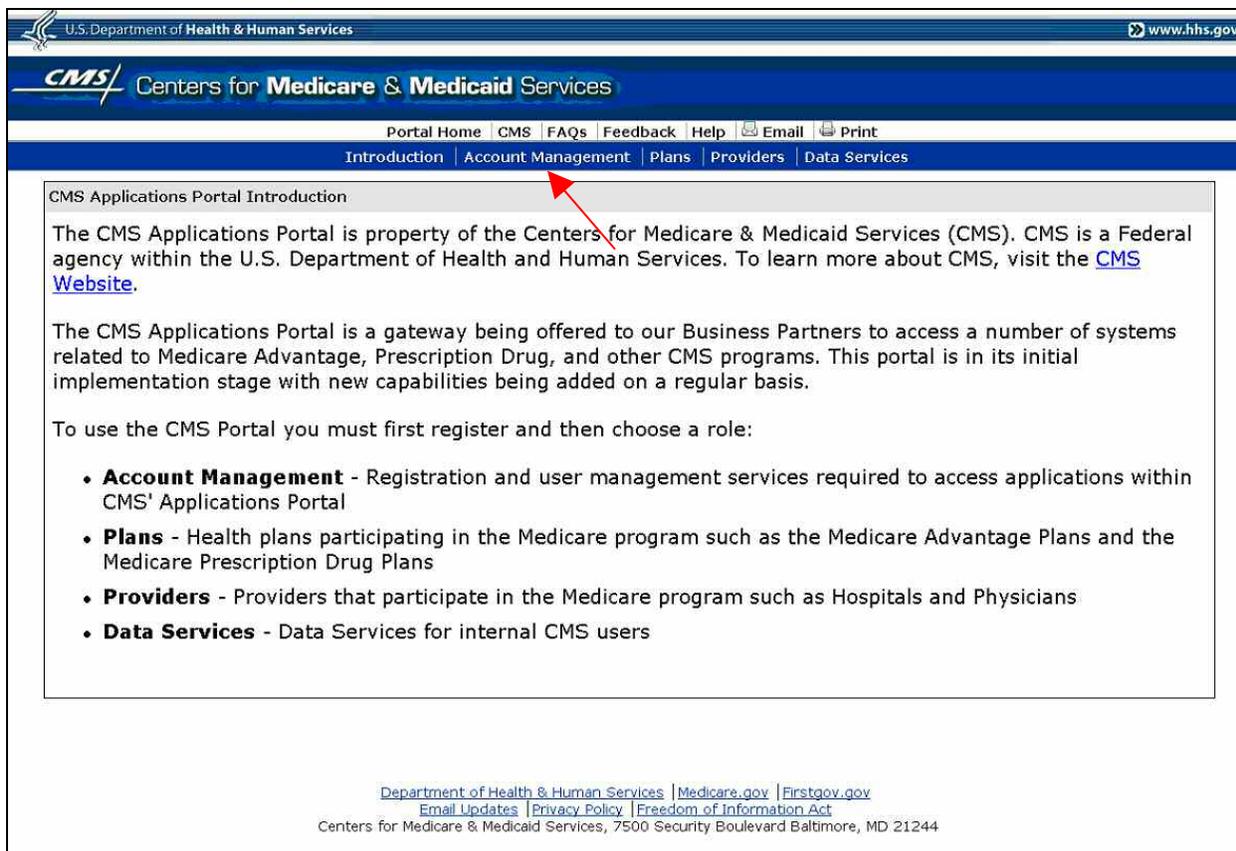


Figure 34: CMS Applications Portal Introduction Screen

The screen will change to the screen shown in Figure 35.

Action: Click on *My Profile*.

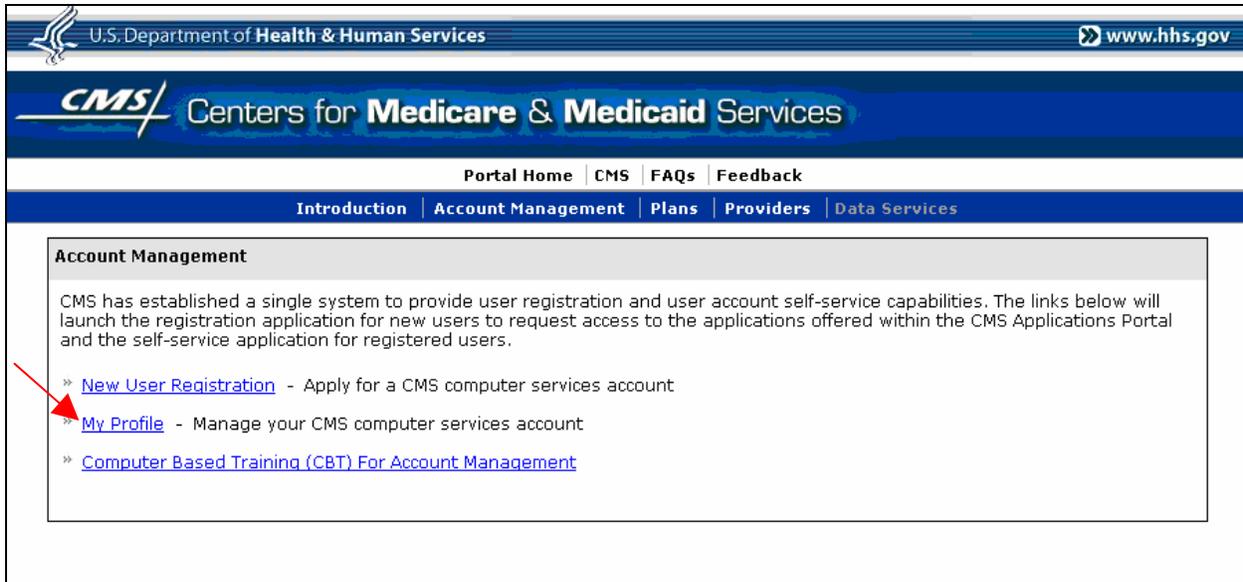


Figure 35: Account Management Screen

The **Login to IACS** screen will open as shown in Figure 36.

Action: Enter your *User ID*

Action: Enter your *Password* and click *Login*.



Figure 36: Log In to IACS Screen

The **My Profile** screen will be displayed as shown in Figure 37.

Action: Select **Modify Account Profile**.

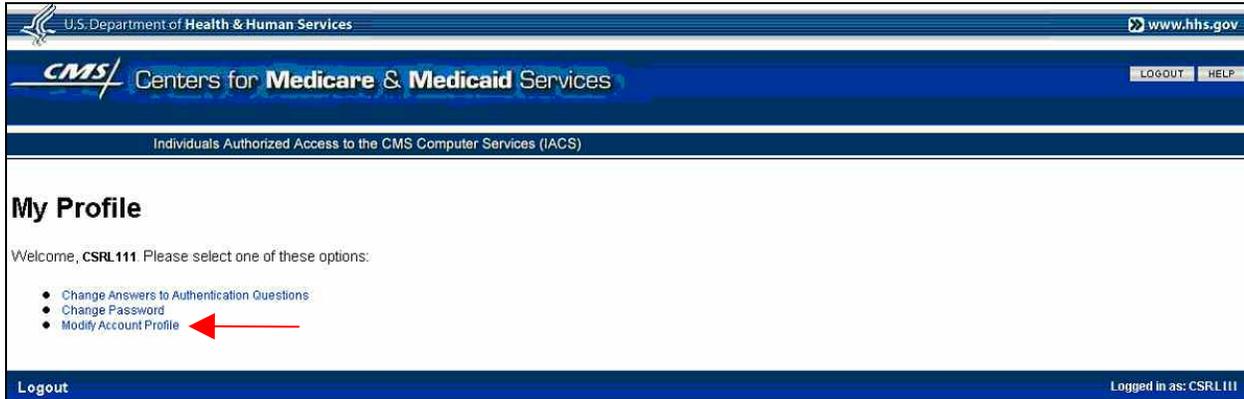


Figure 37: My Profile – Modify Account Profile Option

A **Modify Account Profile** screen will open. The **User Information** fields will be filled in with information you previously provided during the new registration process, however the information in these fields cannot be changed. An example of the User Information fields in a Modify Registration screen is shown in Figure 38.

Notice that the Type of User, Role, Billing Provider NPI, and Provider Type are also displayed. If you have a RACF ID, that will also be displayed.

The screenshot displays the 'Modify Account Profile' interface. At the top, there are logos for the U.S. Department of Health & Human Services and CMS (Centers for Medicare & Medicaid Services). Below these is the text 'Individuals Authorized Access to the CMS Computer Services (IACS)'. The main heading is 'Modify Account Profile'. Underneath, there is a section titled 'User Information' containing various input fields and labels:

- User ID:** OXPJ013
- First Name:** NG42USER065
- MI:** v
- Last Name:** NG42USER065
- Email Address:** NG42USER065@ng.com
- Office Telephone:** 304-130-2972X299
- Company Name:** njbboc
- Company Telephone:** 304-130-2972X299
- Address 1:** yrnwfef
- Address 2:** qbnmka
- City:** oosiel
- State:** AZ
- Zip Code:** 29294-1600
- Type of User:** Provider (270-271)
- Role:** Security Official
- Billing Provider NPI:** 1594199421
- Provider Type:** Internal Medicine and General or Family Practice Physician
- RACF ID:** (empty field)

At the bottom of the form area, there is a section titled 'EDI Registration Form'.

Figure 38: Provider (270/271) Security Official User Information Fields in Modify Account Profile

Below the **EDI Registration Form** heading are the fields you filled in on the new registration screen. An example of these fields is shown in Figure 39. These are the fields that can be changed during the Modify Account Profile process.

The screenshot displays the 'EDI Registration Form' with the following sections and fields:

- Legal Billing Name:** dcnzot umnlvx *
- Contact Name:** pnpojp zorzep *
- E-mail:** uabqhn@qkvmqv.com *
- Telephone:** 149-149-1478 * Ext: [] Valid Phone Number Format is XXX-XXX-XXXX
- Fax:** 151-152-1511 * Ext: [] Valid Fax Number Format is XXX-XXX-XXXX
- Physician First Name:** [] **Physician Last Name:** []
- Physician NPI:** [] **Submitter Number:** [] **Add Physician** button
- Physicians Added:** [] **Physicians Removed:** []
- Contractor Name:** []
- Billing Provider Number:** [] **Add Contractor** button. Note: At least one Contractor must exist in your profile.
- Contractors Added:** [] **Contractors Removed:** []
- Justification for Access:** [] *

At the bottom right, a note states: * indicates a required field. At the bottom left are 'Next' and 'Cancel' buttons. At the bottom right is 'Effective date: 5/06'. At the bottom left is 'OMB: 0938-0988'.

Figure 39: Provider (270/271) Security Official Modify Account Profile Screen

You can change the Legal Billing Name, Contact Name, E-mail address, Telephone number, and Fax number.

If you want to add a Physician, do the following:

1. Enter the **Physician's First Name**
2. Enter the **Physician's Last Name**
3. Enter the **Physician's NPI Number**
4. Enter the **Submitter Number** (if applicable)
5. Click on **Add Physician**.

The physician will be added to the list in the **Physicians Added** box. Repeat Steps 1 through 5 for each physician to be added.

If you want to remove a physician from the listing, do the following:

1. In the **Physicians Added** field area, highlight the **Physician** to be removed.
2. Click on the box with the arrow facing to the left (<)

The system will move the selected physician to the **Physicians Removed** area on the right. If you change your mind, you can move the Physician in the **Physicians Removed** area back to the **Physicians Added** area by highlighting the Physician and clicking on the box with the arrow facing to the right (>).

If you want to move all Physicians in the **Physicians Added** area to the **Physicians Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Physicians in the **Physicians Removed** area back to the **Physicians Added** area by clicking on the box with the double arrow facing to the right (>>).

If you want to add a Contractor, do the following:

1. Select the **Contractor's Name** from the drop down list. To do this, click on the down arrow to the right of the **Contractor Name** field. A drop down list will appear from which you can select the desired Contractor.
2. Enter the **Billing Provider Number**
3. Click on **Add Contractor**.

The contractor will be added to the list in the **Contractors Added** box. Repeat Steps 1 through 3 for each contractor to be added.

If you want to remove a contractor from the listing, do the following:

1. In the **Contractors Added** field area, highlight the **Contractor** to be removed.
2. Click on the box with the arrow facing to the left (<)

Note: There must be at least 1 Contractor in your profile record at all times.

The system will move the selected contractor to the **Contractors Removed** area on the right. If you change your mind, you can move the Contractor in the **Contractors Removed** area back to the **Contractors Added** area by highlighting the Contractor and clicking on the box with the arrow facing to the right (>).

If you want to move all Contractors in the **Contractors Added** area to the **Contractors Removed** area, click on the box with the double arrow facing to the left (<<). If you change your mind, you can move all the Contractors in the **Contractors Removed** area back to the **Contractors Added** area by clicking on the box with the double arrow facing to the right (>>).

Once you have finished making your modifications, enter justification for the modification in the **Justification for Access** field.

Note: In the *Justification For Access* field, also list the changes you made to your account profile.

Note: No approval processing is required if the only modification you made to your profile was to remove Physicians and/or Contractors.

Action: Click on *Next* when you are done modifying your registration profile.

When you click on Next, a final registration screen will be displayed as shown in Figure 40. You must click on the “OK” button to complete the account profile modification process. If you select the “Cancel” button, your account profile modification process will be cancelled and any changes you made to your profile will be lost.

Action: Click on *OK*.



Figure 40: Final Modify Account Profile Screen

3.0 Questions and Troubleshooting

3.1 Help

For questions regarding the IACS system, please go to the CMS FAQ page as follows:

- Go to: <https://www.cms.hhs.gov/home/tools.asp>
- Under **Sitewide Tools and Resources**
- Click on **Frequently Asked Questions**
- Do a Search on “**IACS**”

Answers to many commonly asked IACS questions can be found through this process. If you have further questions, please call the applicable Help Desk for your user community. (See **Section 4.2 Help Desk Information.**)

3.2 Being Proactive

A large majority of the problems users of the IACS system face occur due to human error. Most of these can be avoided if greater care is exercised during the registration and approval process. Please double-check information on the registration form prior to submission. If you are an approver, double-check the information that your users have entered, before approving or rejecting the request. These two quick and simple steps will help get users into the IACS system as quickly as possible.

3.3 Proper Software

To optimize your access to the IACS screens, ensure the following criteria are met.

1. CMS screens are designed to be viewed at a minimum screen resolution of 800 x 600.
2. Use Internet Explorer, version 6.0 or higher.
3. Verify that the latest version of JAVA and/or ActiveX is installed on your PC.
4. Disable pop-up blockers prior to attempting access the CMS Applications Portal.

Contact your appropriate Help Desk if you have questions about any of the above criteria. (See **Section 4.2 Help Desk Information.**)

4.0 Helpful Hints

4.1 *Registering in IACS*

1. When entering your email address, please be very careful to type the correct email address. If your email address is entered incorrectly, you will not receive your new User ID and Password.
2. When entering multiple similar items such as Contract Numbers, Call Centers, or Organization Numbers, you need to hit the **Add** button after each and every item that is entered. Do not enter all items on one line.
3. If you have a RACF-ID already assigned (this is the same as your HPMS User ID, if you have one), you need to enter that into your registration when prompted. This User ID must be entered in all UPPERCASE letters.
4. Once a user completes their registration in IACS, the EPOC will receive an email prompting them to approve the user. Follow up with your EPOC(s) to ensure this step is completed.
5. User IDs will not be issued until approvals/rejections are completed for all items entered – and there may be separate approvers for different item numbers.
6. If you have not received an email with a confirmation of your request within 24 hours of registration, please call the applicable Help Desk for your user community (See **Section 4.2 Help Desk Information.**)
7. Do not respond to the email for any notifications you receive regarding IACS. Call the appropriate Help Desk. Responding to the email will delay any required assistance.

4.2 *Help Desk Information*

The Help Desk associated with the 270/271 Provider community is the MEIC Help Desk. The phone number is 1-866-440-3805. They can be contacted at *MCARE@cms.hhs.gov*.

5.0 Legal

5.1 *Privacy Act Statement*

The information on the web form is collected and maintained under the authority of Title 5 U.S.C., §552(e) (10). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnished on this web form will be maintained in the Individuals Authorized Access to the Centers for Medicare & Medicaid Services Computer Services (IACS) Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 09-70-0064 (08-11-94) and as CMS may establish in the future by publication in the Federal Register.

The Social Security Number (SSN) is used as an identifier in the Federal Service because of the large number of present and former Federal employees and applicants whose identity can only be distinguished by use of the SSN is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary. However, if you do not provide this information, you will not be granted access to CMS computer systems.

5.2 *Rules of Behavior*

CMS computer systems that you are requesting to use contain sensitive information. Sensitive information is any information which the loss, misuse, unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. CMS maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. CMS records all access to its computer systems and conducts routine review for unauthorized access to and/or illegal activity.

Anyone with access to CMS Computer Systems containing sensitive information must abide by the following:

- Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your electronic signature. This means that you may be held responsible for the consequences of authorized or illegal transactions.
- Do not browse or use CMS data files for unauthorized or illegal purposes.
- Do not use CMS data files for private gain or to misrepresent yourself or CMS.
- Do not make any disclosure of CMS data that is not specifically authorized.
- Do not duplicate CMS data files, create sub-files of such records, remove or transmit data unless you have been specifically authorized to do so.

- Do not change, delete, or otherwise alter CMS data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of CMS data files.

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/adverse action up to and including legal prosecution. Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system. If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your component's Information Systems Security Officer or your organization approving official for CMS access.